

KANSAS DEPARTMENT OF CREDIT UNIONS

APPLICATION FOR CHANGE OF GEOGRAPHIC AREA

1. NAME & ADDRESS OF CREDIT UNION: _____

2. NAME AND DESCRIPTION OF AREA TO BE ADDED: _____

(Include Map of area of change or expansion with this area clearly marked and described. Mark on map the location of your credit union's office)

3. DESCRIBE HOW THIS EXPANSION WILL BENEFIT THE POTENTIAL NEW MEMBERS: _____

4. TOTAL NUMBER OF POTENTIAL MEMBERS: _____

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5. DESCRIBE THE METHOD(S) YOUR CREDIT UNION WILL USE TO PROVIDE SERVICE TO THE MEMBERS WHO RESIDE IN THE EXPANSION AREA (i.e., use of present facilities, branch office(s), sponsor's facilities, etc.):

ARE YOU AWARE OF ANY ADDITIONAL CREDIT UNIONS THAT INDIVIDUALS RESIDING IN THE EXPANSION AREA MAY JOIN? YES _____ NO _____
IF YES, GIVE THE NAME AND LOCATION OF EACH CREDIT UNION:

7. INCLUDE A COPY OF THE CREDIT UNION'S MOST CURRENT BALANCE SHEET AND YEAR-TO-DATE INCOME STATEMENT WITH THIS APPLICATION.

8. INCLUDE A COPY OF THE BOARD OF DIRECTOR'S MINUTES SUPPORTING THE REQUEST FOR THE EXPANDED FIELD OF MEMBERSHIP REQUEST:

9. OTHER COMMENTS: _____

NAME AND TITLE: _____
(Chairperson, Credit Union's Board of Directors -- Please type or print)

SIGNATURE: _____ Date: _____